K21000273456

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | | | |
|--|---|---|--|--|--|
| WOODPRI | ME LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | JORGE LOPEZ | | | | |
| | | Name of Person | | | |
| | | Firm/Company | | | |
| | 15874 SW 50TH STREET | | | | |
| | MIRAMAR, FLORIDA 33 | Address 3027 | | | |
| | | City/State and Zip Code | | | |
| | JORGELOPEZMIAMI@H E-mail address: (| OTMAIL.COM to be used for future annual report n | otification) | | |
| For further information c | oncerning this matter, please c | | | | |
| JORGE LOPEZ | | 786 339-9278 | | | |
| Name o | f Person | Area Code Dayt | ime Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25,00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addre | | Street Address: Registration S | | | |
| Division of C | | _ | Division of Corporations | | |
| P.O. Box 632 | | | The Centre of Tallahassee | | |
| Tallahassee, | FL 32314 | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2021 AUG 30 PM 2: 13

WOODPRIME LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liabi | lity Company | were filed on JUNE 1 | 4, 2021 | and assigned |
|---|------------------------------|---------------------------|---------------------------|------------------|
| Florida document number 1.21000273956 | · | | | |
| This amendment is submitted to amend the followi | ng: | | | |
| A. If amending name, enter the new name of th | e l <u>imited liab</u> | ility company here: | | |
| The new name must be distinguishable and contain the word | s "Limited Liabi | lity Company," the design | ation "LLC" or the abbrev | riation "L.L.C." |
| Enter new principal offices address, if applicabl | | 15874 SW 50TH ST | | |
| (Principal office address MUST BE A STREET A | | MIRAMAR, FLORI | DA 33027 | |
| | | | ··- | |
| Enter new mailing address, if applicable: | | 15874 SW 50TH ST | REET | |
| (Mailing address MAY BE A POST OFFICE BO | <u>X)</u> | MIRAMAR, FLORI | DA 33027 | |
| | | | | <u> </u> |
| B. If amending the registered agent and/or regi | stered office : | address on our recor | ds, enter the name o | the new registe |
| agent and/or the new registered office address h | ere: | | | |
| Name of New Registered Agent: | ORGE LOPEZ | Z | | |
| New Registered Office Address: | 15874 SW 50T | H STREET | | |
| | Enter Floridu street address | | | |
| | MIRAMAR | | Florida 33027 | |
| • | | City | | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--|-----------------|
| MGR | JORGE LOPEZ | 15874 SW 50TH STREET, MIRAMAR, FLORIDA | . 33 — ■ Add |
| | | | □Remove |
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|). Il alliendi | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effecti Note: If t | date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as as effective date on the Department of State's records. |
| the record spoord is filed. | becifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 2021 3021 |
| | Signature of a member of authorized representative of a member |
| | JUAN C. ALTAHONA SANCHEZ Typed or printed name of signee Typed or printed name of signee |